The Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for All Rhode Island Residents

Senator Elizabeth H. Roberts, Chair

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I. Executive Summary

The Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for all Rhode Island Residents met from November 2000 through May 2001 to look for solutions to the problem of limited access to oral health services for low income individuals. Good oral health, while often overlooked by public policymakers, is crucial to physical health and development. In recognition of the importance of oral health, the U.S. Surgeon General issued a report, Oral Health in America, to focus public attention on this issue. He cited the "silent epidemic" of oral diseases, especially tooth decay, that has been neglected in our country.

Under the federal Medicaid law, low-income children through age 20 in Rhode Island are entitled to dental care; however, as in most states, these individuals have significant difficulty receiving needed care. Adult dental benefits are an optional service under the federal Medicaid law; however, low-income adults may receive dental care through Medicaid/RIte Care at the discretion of the state. About 30% of Medicaid/RIte Care insured children access a dentist in a given year, compared with 60% of commercially insured children. Only 38% of the total Medicaid/RIte Care population had received at least one dental service in Rhode Island fiscal year 2000 (July 1, 1999 - June 30, 2000). This percentage has decreased from 41% in 1998 and 62% in 1990.

This Report identifies the oral health public policy issues and needs of both low income Rhode Islanders and the population as a whole. It recognizes the critical issue of inadequate Medicaid reimbursement to dentists, a major barrier precluding low income Rhode Islanders from receiving needed dental services. The Report recognizes the tremendous pressure placed on safety net providers who care for uninsured persons with very high needs and very limited ability to pay. It recognizes the importance of prevention and public health investments to improve oral health and avoid the need for more costly surgery and restorative care. The Report guides us toward the need for education of both the public and medical professionals on a range of key oral health issues, such as early childhood caries (baby bottle tooth decay) and oral cancers. It offers concrete suggestions for a more equitable distribution of dental professional resources. Finally, the Report recognizes that the broad range of efforts needed to address the oral health needs of Rhode Islanders will require a partnership of government, the dental and medical professions, private foundations, hospitals, insurers and safety net providers. The recommendations included in this Report call on all of these participants to work together to solve a major public health problem.

"Under the federal Medicaid law, low-income children through age 20 in Rhode Island are entitled to dental care; however, as in most states, these individuals have significant difficulty receiving needed care."

This Report comments on many innovative approaches already underway, such as the Providence Smiles program and the state's loan repayment program that has brought dentists to work in our health centers. There are, however, several recommendations that call for immediate action:

- Increase the rates of Medicaid reimbursement to dental providers to improve access to community dentists and to sustain the hospital-based clinics that provide a significant amount of care for low income children.

- Provide financial support to enhance dental care through school-based health centers and programs such as Providence Smiles and Pawtucket Smiles.

- Develop a plan to maximize the use of state and federal funds for tuition assistance and/or repayment of training/educational expenses to facilitate the recruitment of high quality well-trained oral health professionals to help meet the needs of underserved communities.

- Seek additional federal, state, and private funding to expand oral health care access for low income uninsured individuals receiving dental services at safety net facilities in underserved communities.

- Establish a task force to focus on the unmet oral health needs of the adult population, especially elderly/disabled nursing home residents and uninsured low-income individuals.

- Develop a public education effort addressing early childhood caries (baby bottle tooth decay) in Rhode Island's children.

These are a few of the most pressing recommendations included in the Commission's Report. Actions on these issues alone will be ineffective without action on other recommendations included here. The recommendations contained in this Report are practical and interrelated, and should be implemented, often simultaneously, through a multi-sector approach. The partnerships that have formed through the work of this Commission must continue as we move forward to address our three major areas of concern: Oral Health Care Access, Oral Disease Prevention, and Oral Health Professions Workforce/Capacity.

II. Introduction

The Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for all Rhode Island Residents was created during the 2000 Rhode Island General Assembly session. The Commission met from November 2000 through May 2001 to discuss current oral health access issues, effective oral health promotion/disease prevention strategies, and to recommend appropriate measures designed to improve the oral health status of all Rhode Island residents.

The Rhode Island Departments of Health and Human Services supplied much of the statistical data that is referenced throughout this Report. References to specific community programs and services are based upon presentations and submissions to the Commission.

III. Background

A. National Perspective

Oral health includes the prevention or elimination of a number of diseases and disorders that occur in the mouth, such as dental caries (tooth decay), periodontal disease (gum disease), and oral and pharyngeal cancers. Oral diseases and disorders are progressive and cumulative, becoming more complex over time. Dental caries is the single most common chronic childhood disease. Many oral diseases and disorders can be prevented or ameliorated by appropriate interventions by health professionals. It is generally accepted by the public health dentistry community that current spending of $1 on oral disease prevention activities will save $50 in future restorative and rehabilitative costs.

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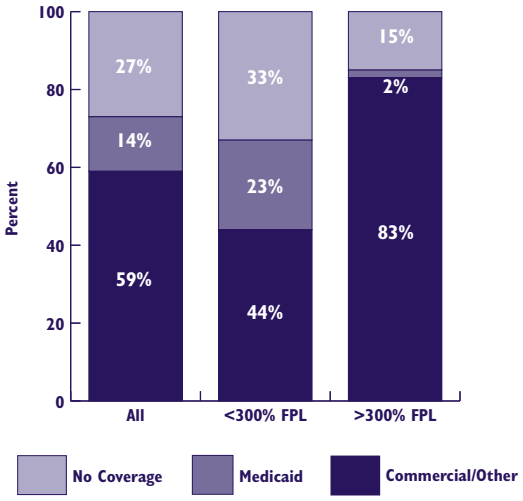
In a 2000 report entitled Oral Health in America, U.S. Surgeon General David Satcher states that oral health is "integral" to general health; e.g. impacting positive childhood development, adult workplace productivity, and quality of life for older adults. National survey data reveal an explicit inverse relationship between family income and tooth decay, untreated dental disease, and oral health-related restricted-activity days. The Surgeon General calls the pronounced disparities in the oral health of Americans a "silent epidemic." He further states that: "Those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable."

Exhibit 1
Dental Care Coverage by Income
Ages 5-19
Rhode Island 1996



Source: 1996 Rhode Island Health Interview Survey

B. Rhode Island Perspective

Individuals who have insurance coverage for dental treatment are more apt to receive care than persons who lack dental coverage. The 1996 Rhode Island Health Interview Survey (HIS) and the 1999 Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) conducted by the Rhode Island Department of Health found that 56% of Rhode Islanders had some form of dental insurance coverage. Of those individuals aged 5 to 19 years, 59% had commercial dental insurance coverage and 14% had Medicaid dental insurance coverage. (See Exhibit 1.)

Fewer than 75% of Rhode Island adults aged 18 to 64 receive dental care annually, and less than 65% receive annual examinations. Survey results reveal: 9% of insured and 30% of uninsured adults had not visited a dentist for a routine cleaning in the previous two years; 7% of insured and 14% of uninsured adults reported having had all teeth extracted due to tooth decay and/or gum disease.

According to the Rhode Island Department of Human Services, only 38% of those of all ages enrolled in the Rhode Island Medicaid/RIte Care programs have received dental care within the last year. Children enrolled in Medicaid/RIte Care experience twice the rate of untreated dental disease as higher income children. About 30% of Medicaid/RIte Care insured children access a dentist in a given year, compared with 60% of commercially insured children.

IV. Issues and Findings

A. Oral Health Care Access Issues

- Medicaid/RIte Care covers comprehensive dental care for children through age 20 and a limited scope of dental benefits for adults. As of July 1, 2000, Medicaid enrollment comprised 154,438 individuals: 115,039 children and parents; 21,075 individuals with disabilities; and 18,324 older adults. Despite the fact that Rhode Island statistics compare favorably to other states, only 32,282 children (33% of enrolled) and 26,924 adults (46% of total) had received at least one dental service during the Rhode Island fiscal year 2000. A combined total of 38% of enrolled dental service in 2000 represents a decrease from 41% in 1998 and 62% in 1990.

- For the 50 most frequently provided dental procedures, Medicaid reimbursement averages 45% of the dentists' usual, customary and reasonable (UCR) fees, compared with a reported reimbursement rate of 75% UCR fees by commercial insurers.

Dentists do not accept Medicaid/RIte Care patients for many reasons including low reimbursement; higher than average "no show" rate for appointments by Medicaid/RIte Care recipients; excessive paperwork requirements; and time delays in receiving reimbursement.

The most frequent barriers to dental care cited by RIte Care parents include: transportation, difficulty locating a dentist willing to accept Medicaid reimbursement/patients, inadequate financial resources/inadequate coverage, and fear.

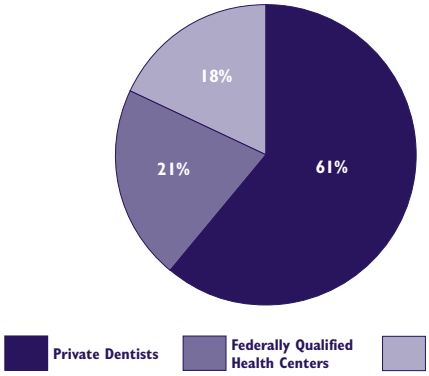
- For individuals with disabilities, obstacles to care are compounded by their special needs. Additional barriers faced by those with disabilities include obtaining transportation in an accessible vehicle and locating a dental office that can accommodate special physical and/or mental health needs. Individuals with cognitive disabilities often need longer, more frequent, and/or more staff-intensive treatment visits than their non-disabled peers. Generally, Medicaid does not provide reimbursement for these additional services.

- Although children through age 20 years on Medicaid/RIte Care are entitled to dental screening and treatment under the federal Early Periodic Screening Diagnosis and Treatment (EPSDT) Program, only 33% of Medicaid/RIte Care children aged 3 to 18 had any dental visits in Rhode Island fiscal Year 1996. A Rhode Island Department of Human Services survey indicated that 15% of dentists telephoned on a given day would make an appointment for a new Medicaid/RIte Care child. Although 78% of Rhode Island dentists state that they accept Medicaid, most do so on a very limited basis. For Medicaid/RIte Care children who are able to access oral health services, 73% are treated in private dental practices, with the youngest children more likely to receive care from community health centers or hospital-based dental clinics. (See Exhibit 2.)

- During Rhode Island Fiscal Year 2000, Medicaid dental care expenditures were $12 million (federal and state), accounting for less than one percent of the total Rhode Island Medicaid budget. This averages $6.47 per member per month (PMPM), compared with dental insurance expenditures for state employees of $19.00 PMPM. Additionally, for individuals in RIte Care, the provision of enabling services, which allow patients to get to the point of care (e.g., transportation, translation, assistance with making/ keeping appointments, etc.) is extremely limited. (See Exhibit 3.)

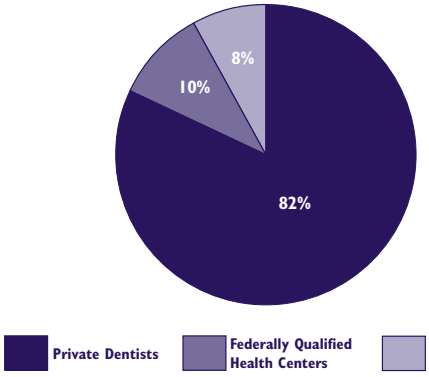
Exhibit 2
RI Medical Assistance Expenditures for Children's Dental Services By Type of Provider
RI State Fiscal Year 2000

Children Birth to Age 11



(Total Expenditures for Children Birth to Age 11 = $3 million)

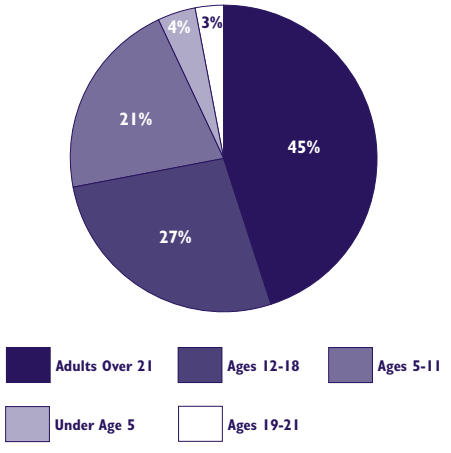
Children Ages 12 to 21



(Total Expenditures for Children Ages 12 to 21 = $3.6 million)

Source: 2000 Rhode Island Department of Human Services Data System

Exhibit 3
RI Medical Assistance Expenditures for Children and Adult Dental Services
RI State Fiscal Year 2000



(Total Expenditures for Children and Adults = $12 million)

Source: 2000 Rhode Island Department of Human Services Data System

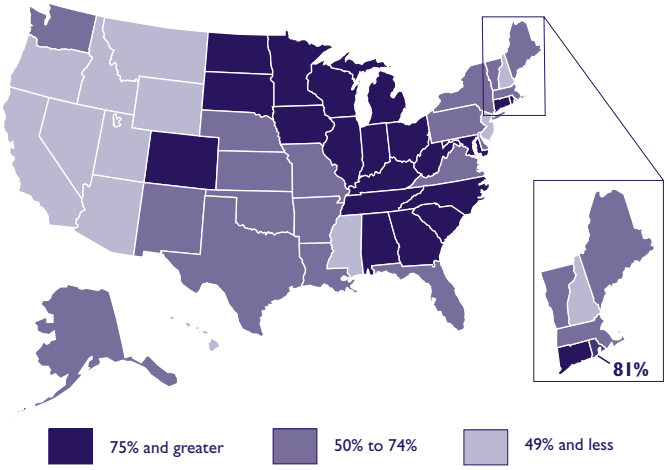
- Currently seven community health centers (CHCs) in Rhode Island provide dental services; two operating on a part-time basis. Five health centers receive cost-based reimbursement for Medicaid/RIte Care patients to help offset losses associated with caring for low-income uninsured individuals. Between 13% and 42% of CHC dental patients are uninsured adults. Due to the high rates of uncompensated care for dental services, the CHC dental clinics operated by the Providence Community Health Centers closed in 1999.

- Two hospital-based dental clinics in Providence operate at full capacity. The Joseph Samuels Dental Center at Rhode Island Hospital has a lengthy waiting list and is not accepting new patients at this time. The Joseph Samuels Dental Center, designed for pediatric and special needs patients, is required to accommodate adult patients referred through the Hospital's emergency room. The Pediatric Dental Center at St. Joseph Hospital for Specialty Care is operating at full capacity. The wait for preventive/non-urgent care is approximately eight months. Since the close of Providence Community Health Centers' dental clinics, both hospital dental centers have been faced with additional demands to accommodate children who require care.

B. Oral Disease Prevention Issues

- Rhode Island is one of several states that provides community water fluoridation for at least 75% of its population; currently 81% of the state's residents receive the benefits of optimally fluoridated water. With 16 mostly rural communities lacking fluoride in their water systems, the Rhode Island Department of Health estimates that 97,600 Rhode Islanders who have access to a community water supply do not receive the benefits of fluoridated water. (See Exhibit 4 for map depicting fluoridation levels in the United States.)

Exhibit 4
Community Water Fluoridation
1992 Fluoridation Census



Source: 1992 CDC Fluoridation Census

- According to the Rhode Island Department of Health, an estimated 2,200 oro-facial injuries occur per year, accounting for about 5% of childhood unintentional injuries in the state. Most of these injuries are preventable through the use of mouth guards in contact sports, including organized football, lacrosse, soccer, ice hockey, field hockey, and basketball.

- Cranio-facial anomalies, such as cleft lip/palate occur at the rate of approximately one in every 850 live births. In Rhode Island, an estimated 15 cases per year occur, requiring complex expensive treatment from interdisciplinary teams comprised of oral surgeons, plastic surgeons, pediatricians, speech pathologists, and social workers.

- Rhode Island has a higher than national average incidence rate of oral cancer and a higher than national average number of deaths due to oral cancers. Each year, approximately 110 cases are diagnosed and 40 Rhode Islanders die from oral cancers. In addition to death, these cancers and the treatment can lead to speech impairment and an inability to swallow. Current smokers are less likely than former smokers and people who never smoked to receive annual dental care, including oral cancer examinations. Despite the proven effectiveness of early diagnosis, only about one-third of Rhode Islander adults report being screened for oral cancer during their last dental visit. (See Exhibit 5.) Concurrent use of tobacco and alcohol is the leading cause of oral cancer. Especially troubling is the co-use of tobacco products and alcohol among Rhode Island high school students. (See Exhibit 6.)

- The occurrence of dental caries is five times more common than asthma and seven times more than common than hay fever. The prevalence of early childhood caries, also known as baby bottle tooth decay, is inversely related to social-economic status. Early detection and intervention minimizes long term devastating effects, including low weight, pain, infection, poor eating habits, speech problems and low self-esteem. Treatment is very expensive, with extensive restorative services estimated at $2,500 to $7,000 per case. Early childhood caries, primarily caused by inappropriate infant feeding practices (naptime/bedtime bottle use and/or at will daytime bottle feeding with anything but water), is substantially preventable. (See Exhibits 7 and 8 on the following page.)

- State law and attendant regulations require schools to provide dental screenings for: all newly enrolled students, annually for children in grades K-5, and at least once between grades 7-10. Screenings for children in kindergarten, third and ninth grades must be performed by a dentist. Either a dentist or a dental hygienist may perform school dental screenings in other grades. Children providing evidence that their family dentist has performed a dental screening do not need to participate in the school screening activity.

Exhibit 5
Oral Cancer Screening of Adults by Age
Rhode Island 1996

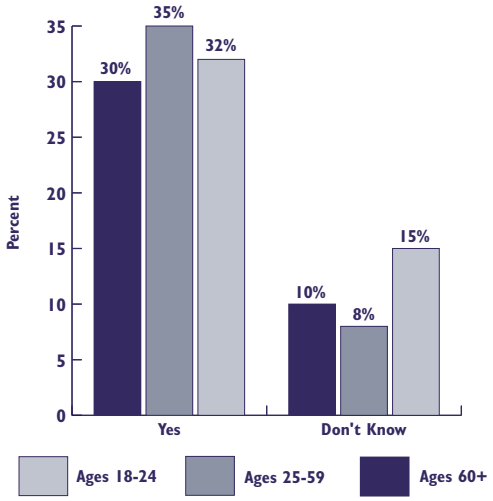
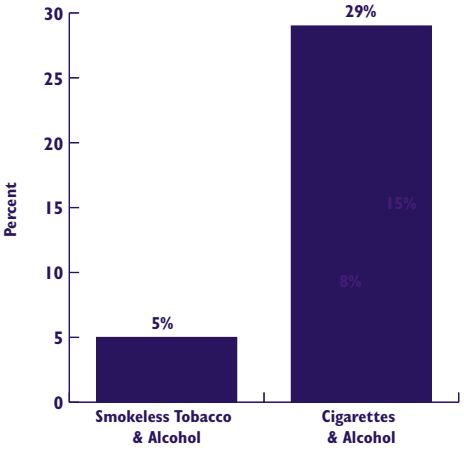
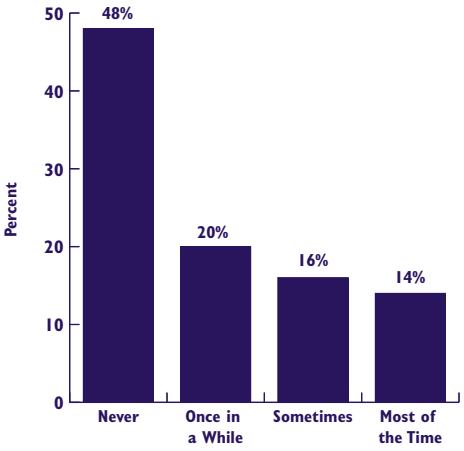


Exhibit 6
Co-use of Tobacco Products and Alcohol
During the Past Month
Grades 9-12
Rhode Island 1997



Source: 1996 Rhode Island Health Interview Survey

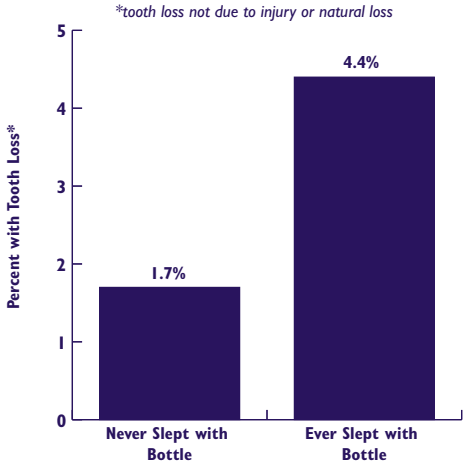
Exhibit 7
Frequency of Ever Slept with Baby Bottle in Mouth
Children Ages 0-5
Rhode Island 1996



Source: 1996 Rhode Island Health Interview Survey

Exhibit 8
Tooth Loss* and Ever Slept with Baby Bottle in Mouth
Ages 0-5
Rhode Island 1996

**tooth loss not due to injury or natural loss*



Source: 1996 Rhode Island Health Interview Survey

An accurate measurement of the number of school children in Rhode Island receiving regular dental screenings is not available at this time. The Rhode Island Departments of Education and Health, which are charged with assuring compliance with school health regulations, face numerous enforcement obstacles. Additionally, in schools that strive to screen every child, obtaining follow-up dental care is problematic. Problems include: difficulty communicating with parents concerning needs, transportation issues, and limited community dental practices/programs to which referrals can be made, particularly for Medicaid/RIte Care recipients. A 1999 Rhode Island Department of Health survey of school nurse teacher district coordinators (which did not include responses from many of the highest need schools) revealed that 13% of elementary students screened were referred for dental treatment. Since screenings are less likely to detect disease than more thorough examinations, the survey results can be interpreted as an understatement of need. Information indicating whether adequate follow-up treatment has been received is unavailable at this time.

C. Oral Health Professions Workforce/Capacity Issues

- There is a decreasing supply of dentists nationally and locally, which is being most acutely experienced in traditionally underserved areas. The number of dental school graduates has declined steadily, as the age of practicing dentists rises. According to the American Dental Association, there are 547 professionally active licensed dentists practicing in Rhode Island representing a dentist to population ratio of 1:1,812. This exceeds an optimal dentist to population ratio of between 1:1,500 and 1:1,700. Rhode Island does not compare favorably with neighboring states; Massachusetts' dentist to population ratio is 1:1,406; Connecticut dentist to population ratio is 1:1,368. (See Exhibit 9.)

Additionally, 40% of current Rhode Island licensed dentists are aged 51 or older (14% are aged 61 or older). As they retire, insufficient numbers of new dentists are becoming available to replace them. Of particular concern is the critical shortage of pediatric dentists: 10 pediatric dentists, of which three are American Board of Pediatric Dentistry certified, currently practice in the state.

There is no dental school in Rhode Island to train state residents and retain them to practice in the state. Without in-state general practice residency (GPR) or postgraduate specialty-training programs, there is a reported depletion of onetime state residents who train elsewhere and do not return to Rhode Island.

- The Community College of Rhode Island (CCRI) has graduated an average of 24 dental hygienists annually during the past ten years. In calendar year 2000, the Rhode Island Board of Examiners in Dentistry licensed 43 new (not previously licensed in the state) dental hygienists, including 21 recent CCRI graduates. Reliable data regarding the projected need for/number of actively practicing dental hygienists is not available at this time.

- A number of dental clinics have been identified that could be used to expand dental capacity should dentists and dental hygienists be available for staffing. Individuals in all areas of the state with Medicaid/RIte Care dental insurance have greater access problems than those with private/commercial dental insurance. The shortage of dentists available to serve Medicaid/RIte Care recipients is most pronounced in the highest need "core cities" (Providence, Pawtucket, Central Falls, Woonsocket and Newport).

- In Rhode Island, 12 communities are federally designated dental health professional shortage areas. Non-profit health care facilities in these areas are eligible for federal funding to assist in recruitment and retention of dentists and dental hygienists. Dentists and dental hygienists qualify for educational loan repayment from either the federal or state program by making a two-year commitment to work in an eligible non-profit facility in an underserved area.

Exhibit 9
Dentist Workforce Comparisons, March 2001

	US	CT	MA	RI
Population (000s)[1]	272,700	3,282	6,175	991
Professionally Active DDS[2]	149,350	2,400	4,393	547
Prof Act DDS:Pop	1:1,826	1:1,368	1:1,406	1:1,812
Prof Act DDS:100,000 Pop	55	73	71	55
Private Practice DDS[3]	138,449	2,237	4,064	512
Priv Pract DDS:Pop	1:1,971	1:1,467	1:1,519	1:1,936
Priv Pract DDS:100,000 Pop	51	68	66	52
Population <18 y.o. (000s)[4]	70,357	794.2	1,463.5	238.8
Board Certified Pediatric DDS[5]	1,160	25	27	3
Ped DDS:Pop<18	1:60,650	1:31,770	1:54,204	1:79,600
Ped DDS:100,000 Pop<18	1.6	3.1	1.8	1.3

[1] U.S. Bureau of Census
[2] American Dental Association
[3] American Dental Association
[4] U.S. Bureau of Census
[5] American Academy of Pediatric Dentistry

"The shortage of dentists available to serve Medicaid/RIte Care recipients is most pronounced in the highest need "core cities" (Providence, Pawtucket, Central Falls, Woonsocket and Newport)."

V. Public and Community Resources

A. Oral Health Professions Resources

- The Donated Dental Services (DDS) Program, operated by the Rhode Island Foundation of Dentistry for the Handicapped, utilizes donated dental services and supplies for uninsured elderly and disabled persons unable to otherwise obtain treatment for serious dental problems. An estimated 100 Rhode Islanders are under care at a given time, financed by a state legislative grant and donations of time and supplies from dentists, dental hygienists, and other staff. More than 165 dentists and 65 dental laboratories volunteer for the program. Most of the cases treated are complex and time/resource intensive. A small special fund also exists to provide care for disabled children. A six-month wait exists for the donated services for those meeting eligibility guidelines.

- The Rhode Island Dental Association and the Rhode Island Dental Hygienists' Association continue to discuss the issue of dental hygienists' scope of practice expansion as a means of increasing access to oral health services for Rhode Islanders. Currently, licensed dental hygienists in Rhode Island may practice in some settings under the general supervision of a dentist. As presently formulated, the Rules and Regulations do not facilitate a significant increase of access to oral health services for Rhode Islanders.

- The Community College of Rhode Island (CCRI) dental hygiene program awards an Associate Degree in Applied Science to students upon successful completion of coursework. At the CCRI dental clinic (Lincoln campus), dental hygiene students provide preventive oral health services at reduced cost. Oral cancer and periodontal screenings are included in each visit and some additional services (dental x-rays) are available for a minimal fee. CCRI also provides educational training programs for dental assistants at the Lincoln campus.

- The University of Rhode Island (URI) and the Community College of Rhode Island (CCRI) have a dual admission program based at URI that offers a Bachelor of Science degree in dental hygiene. Students in this program complete the core curriculum/clinical phase of their education at CCRI and the remaining baccalaureate degree coursework at URI. For Associate degree dental hygienists interested in furthering their education, URI offers a baccalaureate degree completion program. Additionally, CCRI trains dental assistants through a satellite program that utilizes the former dental hygiene clinical facility on the URI campus.

B. Safety Net Resources

- Of the 13 community health centers (CHCs) in Rhode Island, seven operate dental clinics including: Blackstone Valley Community Health Care (Pawtucket), Thundermist Health Associates (Woonsocket), New Visions for Newport County (Newport), Health Center of South County (Wakefield), Wood River Health Services (Hope Valley), Bayside Family Healthcare (North Kingstown), and Block Island Health Services (New Shoreham). Northwest Health Services (Burrillville) will offer dental services to northwestern Rhode Island residents beginning January 2002. The CHC dental clinics are functioning at maximum capacity, serving an unduplicated 12,274 patients during calendar year 2000. While CHC dental clinics account for only 2% of the total dental providers in the state, the clinics delivered about 20% of the dental visits for RIte Care/Medicaid beneficiaries age 14 years and under in calendar year 1996. Only four of the seven CHCs providing dental services receive federal assistance to help support the care of uninsured patients.

- The Travelers Aid Society of Rhode Island operates a health center dental clinic in downtown Providence for families and individuals that are both homeless and uninsured. These service are partially supported by a federal grant. Staffed by volunteer dentists, a paid dental assistant, and dental hygiene students from CCRI, about 200 primarily adult patients are served by the part-time program. Patients receive a comprehensive oral examination along with treatment, but must overcome tremendous barriers to achieve oral health. Expanding to serve homeless teens and runaways is a goal of the project during the calendar year 2002.

- Two Providence hospitals provide dental care to underserved populations: the Joseph Samuels Dental Center, Rhode Island Hospital which serves children and adults, with a focus on services to special needs individuals; and the Pediatric Dental Center, St. Joseph Hospital for Specialty Care which serves only children. Given that the majority of patients are low-income and Medicaid/RIte Care reimbursement rates are inadequate, these sites face numerous challenges in sustaining a dental practice that meets the needs of underserved Rhode Islanders.

"Only four of the seven CHCs providing dental services receive federal assistance to help support the care of uninsured patients."

C. School-based/Public Health Resources

- St. Joseph Hospital for Specialty Care operates a school-based dental program, Providence Smiles, which provides oral health access to more than 6,000 children annually in 10 Providence elementary schools. Dentist and dental hygienist teams provide dental care in schools, examining and cleaning children's teeth, restoring carious teeth, administering topical fluoride treatments, and placing dental sealants. Bilingual outreach workers facilitate communication with families to maximize program participation. Initial support for this program came from the Robert Wood Johnson Foundation, The Rhode Island Foundation, and the Health & Education Leadership for Providence Coalition (HELP). However, long term funding has been uncertain since the initial grants terminated in August 2000. Currently, Medicaid reimbursement is received for services provided to eligible children in the schools and the Rhode Island Department of Health provides some financial support.

- Pawtucket Smiles, a replication of the Providence Smiles program in the Pawtucket School District is funded by The Rhode Island Foundation to serve more than 2,000 children in three schools: Cunningham Elementary School, Slater Junior High School, and Shea High School.

- The School-Based Health Center in Central Falls provides comprehensive dental care 1.5 days per week utilizing staff from Blackstone Valley Community Health Care.

- The Home Visiting Program of the Maternal and Child Health Program, Rhode Island Department of Health (federally funded as Title V) helps new parents learn to care for their young children. Children in families receiving home visits are assessed for early childhood caries (baby bottle tooth decay) and parents are provided with information concerning the importance of routine dental care.

- Through the WIC Program, a federal nutrition program for women, infants and children, the Rhode Island Department of Health provides culturally appropriate oral health promotion and disease prevention materials for use with the families served. The Department of Health also provides materials to child care providers to support oral health goals of children served by the WIC program network.

- The Rhode Island Health Professional Loan Repayment Plan (HPLRP), administered jointly by the Rhode Island Department of Health and the Rhode Island Higher Education Assistance Authority, has provided loan repayment for nine dentists and two dental hygienists since its inception in 1994. By continuing to facilitate the recruitment and retention of dentists and dental

hygienists to work at eligible sites in underserved communities, the HPLRP assists in maintaining the statewide safety net.

- The Division of Developmental Disabilities, Rhode Island Department of Mental Health, Retardation and Hospitals has a dental clinic that is staffed by community dentists on a part-time basis and is available to provide dental care for persons receiving services and support from the developmental disabilities system. Dental care was provided to approximately 500 individuals during calendar year 2000.

- The Division of Juvenile Corrections, Rhode Island Department of Children, Youth and Families provides full-time dental services at the Rhode Island Training School dental clinic through a staffing contract with the Lifespan Hospital network. Of the annual detention admission rate of approximately 1,500 juveniles, the average daily population at the Training School is approximately 225. Residents receive a dental screening within seven days of admission. After this initial screening, residents are provided follow-up dental services that include a complete examination, x-rays, restorative treatment, cleanings, and oral hygiene instruction.

D. National Models of Oral Disease Prevention

- The Campaign for 100% Access/Zero Health Disparities was initiated in 1998 by the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services. The goal of this federal initiative is to establish local partnerships that build healthier communities. The Bureau has offered technical assistance to Rhode Island to identify and duplicate models from other states.

- The Access to Baby and Child Dentistry (ABCD) Program of the State of Washington is a collaborative effort of dental insurers, educators, professional organizations, state agencies, and community organizations. Identifying pregnant women and youngsters up to age 6 years, the ABCD Program teaches the importance of good oral health and matches every child to a dental provider for early screening and treatment.

- The State of North Carolina recently initiated the Smart Smiles Program that brings state agencies and numerous private entities together to train infant and child health professionals concerning oral disease prevention measures. Oral health professionals are instructing medical providers to apply fluoride varnishes, conduct oral assessments, and provide oral hygiene/nutritional counseling.

VI. Recommendations

The Commission has determined that a number of important actions are necessary to improve the oral health of Rhode Islanders. These actions focus on three main areas: Oral Health Care Access, Oral Disease Prevention, and Oral Health Professions Workforce. The following recommendations are not set in order of priority, but rather address issues that may be undertaken simultaneously to improve access and quality of oral health services for all Rhode Island residents.

A. Oral Health Care Access

Recommendation #1:

Seek to increase rates of reimbursement for community dental providers through the Rhode Island Medical Assistance Program; request an automatic biennial review of Medicaid community dental reimbursement that addresses prevailing community rates, access to care, and quality of care provided.

Recommendation #2:

Seek an enhanced level of Medicaid reimbursement for the two hospital-based dental centers to increase capacity and utilization by underserved populations; request an automatic biennial review of Medicaid community dental reimbursement that addresses access to care and quality of care provided.

Recommendation #3:

Petition the U.S. Congress to provide an enhanced level of federal match to states for dental care in recognition of the national crisis in access to dental care among Medicaid insured individuals.

Recommendation #4:

Request the Rhode Island Department of Human Services develop the means to provide or purchase transportation, translation, care coordination, outreach, and other enabling services to facilitate the delivery of oral health services for Medicaid/RIte Care participants; measure the effectiveness of the enabling services provided.

Recommendation #5:

Request the Rhode Island Department of Human Services review improvements in the Medicaid dental program, including opportunities for:

- Administrative simplification
- Expanded scope of coverage, particularly for persons with special needs
- Providing a list of community dental offices that offer handicapped accessibility
- Enhancing access to operating room services for oral health needs

Recommendation #6:

Support efforts to enhance dental care provided through school-based health centers and to enhance dental provider referral services.

Recommendation #7:

Pursue additional funding through the Bureau of Primary Health Care (Health Resources and Services Administration, U.S. Department of Health and Human Services), the State of Rhode Island, and other sources to expand dental services to uninsured and Medicaid insured patients in underserved communities and to improve dental professional compensation at community-based safety net agencies.

B. Oral Disease Prevention

Recommendation #8:

Request the Rhode Island Department of Health prepare and submit a plan to promote the fluoridation of community water systems in Rhode Island that currently contain sub-optimal levels of fluoride.

Recommendation #9:

Prepare a Senate Resolution requesting all local educational authorities promote the use of mouth guards for school-sponsored contact sports.

Recommendation #10:

Request the Rhode Island Departments of Health and Human Services develop a plan to adequately address the oral health needs of elderly and disabled nursing home residents.

"The Commission has determined that a number of important actions are necessary to improve the oral health of Rhode Islanders...Oral Health Care Access, Oral Disease Prevention, and Oral Health Professions Workforce."

Recommendation #11:

Develop a community collaborative effort to address barriers to early childhood oral disease prevention, education, and treatment; increase the extent to which physicians, nurses, and physician assistants provide oral hygiene instruction, assessments, and referrals for dental care to pregnant women, infants, and toddlers.

Recommendation #12:

Expand the Providence Smiles model of school-based prevention, screening, and treatment services to include schools in the five poorest cities in Rhode Island (subject to the implementation of Recommendations #1 through #3.)

Recommendation #13:

Seek corporate and public sponsorship of the following interdisciplinary education and prevention promotional efforts through a collaborative, coordinated and staffed mechanism:

- Implement an interdisciplinary health promotion/disease prevention media campaign addressing early childhood caries
- Implement an interdisciplinary health promotion/disease prevention media campaign addressing oral and pharyngeal cancers
- Implement an interdisciplinary health promotion/disease prevention media campaign addressing unintentional sports related oro-facial injuries

Recommendation #14:

Continue to improve the quality and comprehensiveness of school-based dental screening and referrals through the Healthy Schools! Healthy Kids! Oral Health Initiative for School-aged Children; develop strategies to ensure compliance with current regulations and facilitate referrals and appointments for follow-up treatment.

Recommendation #15:

Request the Rhode Island Department of Education explore the feasibility of enhancing the oral health aspect of school health curricula used for grades K-12.

C. Oral Health Professions Workforce/Capacity

Recommendation #16:

Develop a task force of interested parties to address access to dental care issues due to the current shortage of dentists practicing in underserved areas and the dearth of pediatric dentists.

Recommendation #17:

Seek increased funding at the state and federal levels for oral health professional practice incentives including tuition assistance and/or repayment of training loans to facilitate the recruitment of high quality, well-trained oral health professionals to help meet the needs of underserved communities.

Recommendation #18:

Study the feasibility of establishing pediatric and general practice dental residency programs in Rhode Island.

Recommendation #19:

Review the Rhode Island Dental Practice Act (Chapter 31.1 of the General Laws 1956 As Amended - Entitled Dentists and Dental Hygienists) and the attendant rules and regulations for potential changes that promote access to quality dental care for underserved populations.

Recommendation #20:

Request the Office of Higher Education review and seek the expansion of accredited dental hygiene training program(s) in view of the increasing need for dental hygienists.

Recommendation #21:

Develop alternative models for dental assistant recruitment and training, including welfare-to-work and evening/weekend training opportunities.

Recommendation #22:

Maximize the use of existing oral health resources (i.e. enhanced mobilization of voluntary, charitable, and federal support) to increase access to oral health services for underserved populations of all ages; seek to match underutilized dental equipment/operatories with volunteer professional support.

"Continued leadership from a multidisciplinary group will be necessary to carry the Commission's efforts forward and to oversee implementation of this long-range plan."

VII. Conclusion

Rhode Island is fortunate to have a strong commitment among numerous concerned organizations and agencies to support expanded access to oral health care for all individuals. Many Rhode Island oral health professionals have a history of significant charity care provision. Additionally, dental providers at community-based safety net dental programs are serving increasing numbers of patients with complex needs. State government and charitable organizations have provided leadership to address the issue of access to oral health care. A recent document issued by Rhode Island KIDS COUNT has served to raise the level of public awareness of the issue.

This Report reflects the work of the Special Senate Commission to Study and Make Recommendations on Ways to Maintain and Expand Access to Quality Oral Health Care for All Rhode Island Residents builds upon previous efforts toward similar goals. It is imperative that the momentum and the will to address the recommendations contained herein be maintained. Continued leadership from a multidisciplinary group will be necessary to carry the Commission's efforts forward and to oversee implementation of this long-range plan.

VIII. References

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- Early Childhood Caries. Rhode Island Department of Health. Providence, RI. December 2000.
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- Rhode Island's Proposal for Using Unexpended Title XXI Funds to Pay for Children's Unmet Needs. Rhode Island Department of Human Services. Cranston, RI. March 2000.
- Smart Smiles: Pre-School Child Oral Health Pilot Project. Division of Medical Assistance, North Carolina Department of Health and Human Services. Raleigh, NC. 2001.
- We Care for Little Smiles: Access to Baby and Child Dentistry Programs. Washington Department of Social and Health Services. Olympia, WA. 2000.

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X. Appendices

- Senate Resolution S-2528 Substitute A - Creating the Oral Health Commission
- *Campaign for 100% Access/Zero Health Disparities*, Bureau of Primary Health Care
- Dental Benefits of the RI Medical Assistance Program, RI Department of Human Services
- Draft Proposal: Medicaid Dental Benefits Manager (Excerpts), RI Department of Human Services
- Early Childhood Caries, RI Department of Health
- *Issue Brief: Access to Dental Care for Children in RI*, RI KIDS COUNT
- Oral and Pharyngeal Cancer, RI Department of Health
- Oral Health Care - Nursing Home Residents, RI Department of Human Services
- Oral Health Issues in Rhode Island; RI Department of Health
- RI Community Water Fluoridation by City/Town, RI Department of Health
- RI Dental Health Professional Shortage Areas, RI Department of Health
- RI Dentist Workforce, RI Department of Health
- RI Health Professional Loan Repayment Program, RI Department of Health
- Safety Net Facilities Offering Dental Services - RI Health Center Association, Travelers Aid Society of RI, and *Providence Smiles*/ St. Joseph Hospital Pediatric Dental Center
- School-based Oral Health Services/School Survey Results, RI Department of Health
- Sports Related Oro-facial Injuries, RI Department of Health

Copies of the appendices above are available on request from the Office of Primary Care/Oral Health Program, RI Department of Health

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